

MCH Training Program 2006-2007 Strategic Planning Workgroups

Family Centered Care Teleconference August 16, 2006

Meeting Notes

Workgroup Members Present: Gina Harris, Louise Kido Iwaishi, Barbara Levitz, Karen Tate, Laura Kavanaugh, Audrey Koertvelyessy, Anita Farel

Barbara's suggested revision for the purpose of the workgroup... *Identify, assess, promote and integrate knowledge of family-centered concepts, principles, experiences and practices in the organization and implementation of the training programs* was adopted. She will develop a recommendation for the second part of the purpose to be discussed at our next meeting.

The workgroup discussed how to incorporate the concept of family-directed care into training about family-centered care or even whether family-directed should be promoted as the term of choice. The concept family-directed care moves its implementation beyond a focus of efforts to reinforce more of a leadership role. The group concluded that programs that conduct training around family-directed care should share materials that promote this concept, including documenting the impact of using this term. The concept of substituting the concept of consumer was also discussed. The group concluded that at this time, it's important not to promulgate a definition that is more semantic than substantive when not every one grasps family centered. Substituting consumer may throw trainees off. Consumers of training, however, may have more of a population focus than families.

The work group continued to discuss how to achieve a shared understanding of the concept of family-centered care since some programs (primarily clinical) have adopted and implemented this concept since its development. In contrast, some training programs emphasize population-based training rather than clinical and are at more of a loss for how to implement family-centered care in their training programs. The point was made that the concept of family-centered care need not occur just in clinical settings, but also policy and program development contexts. That is, it is challenging to integrate a family perspective in developing policies and monitoring programs (Title V).

Karen will assume responsibility for Workgroup Activity #3, Develop indicators of comprehensive instruction in family-centered care. Louise will work on identifying available family-centered care curricula and analyze them for their utility (Workgroup Activity #1).

There was discussion about the need for family assessment tools and interest in obtaining a copy of the family mentorship manual.

The next Workgroup Teleconference will be September 13, 1:00 pm Eastern time.